



Mail to: **WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION  
SCHOOL MANAGEMENT SERVICES TEAM  
FEDERAL AIDS AND AUDIT SECTION  
P.O. BOX 7841  
MADISON, WI 53707-7841      Fax: (608) 267-9207**

District / Agency No.	District / Agency Legal Name	CFDA No. or State Statute	Report for Period Ending
Grant Number	Program	Project Beginning Date	Project Ending Date
Name of Person Preparing this Report		Phone <i>Area/No.</i>	Email Address

## SUMMARY

**INSTRUCTIONS:** Report project transactions by account.

[illegible]

TOTALS			\$	\$	\$	\$
Cash Summary			Matching Funds If Applicable <i>Documentation on file at District Office</i>	Report Type <i>Check all that apply</i> <input type="checkbox"/> Advance <input type="checkbox"/> Final Claim <input type="checkbox"/> Partial Claim <input type="checkbox"/> Revised Final	Amount Requested This Claim	DPI USE ONLY Amount Approved
Total Funds Received to Date	Total Disbursements to Date	Cash on Hand at End of Period				
\$	\$	\$	\$		\$	

## CERTIFICATION

**BY SIGNING THIS REPORT, I CERTIFY** that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

Name of District / Agency Administrator or Designee <i>Print or type</i>	Title of District / Agency Administrator or Designee <i>Print or type</i>	Signature of District / Agency Administrator or Designee	Date Signed <i>Mo./Day/Yr.</i>
			